of OCCUPA.

STATE OF MARTLAND	CERTIFICATE OF DEATH 19237	
1. PLACE OF DEATH	1M Y 92-a)	
County Harford	Registration Dist. No. 185	
Village ex City Have de Grace -	N.	
	MO. St., W. f death occurred in a hospital or institution, give its NAME instead of street and number)	/ard
Length of residence in city or town where death occurredyrsmos		_ds.
2. FULL NAME George M. abendSe	Chein	
(a) Residence: No. 533 (Cougass Aucus (Usus) place of abode)	Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	-
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
mare wine married	(Month) (Dey) (Yeer)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lora M. abendscham,	22. 1 HEREBY CERTIFY, That i attended decreesed for	
6. DATE OF BIRTH (month, dey, end yeer) Oct. 2-1870.		
7. AGE Yeers Months Deys If LESS then		sald
63 11 14 ldayhrs.	to have occurred on the data steted above, etm. The PRINCIPAL CAUSE OF DEATH end releted causes of importance	
/ 101	were es follows:	set
8. Treda, profession, or perticuler kind of work done, es SPINNER,	Yell	
SAWYER, BOOKKEEPER, etc.	Muntos Wareser	
work wes done, as SILK MILL, SAW MILL, BANK, etc	2 du secope	
SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 1D. Deta deceesed last worked at this occupation (month and yeer) occupation.		
OB 11-	Other Contributory Causes of Importence:	
12. BIRTHPLACE (city or town)		
(State or country) rearyland.		
14. BIRTHPLACE (city or town) Dallinge.		
14. BIRTHPLACE (city or town) Dattemore.	Nema of operation Deta of	
(Stete of country) Maryland	What test confirmed diegnosis? Was thera en autopsy?	
15. MAIDEN NAME / LINE 16. BIRTHPLACE (city or town) -)	23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:	
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19	
∑ (Stete or country) William.	Where did injury occur?	
17. INFORMANT Mrs. Loram, abudseliens	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION OR REMOVAL		
Plece augel Hell Date Sept 20,1934	Manner of injury	
Paris At (b)	Neture of injury	
19. UNDERTAKER Of LUCY (Address) Days (10 Grand 20 Wid	24. Wes diseasa or injury In any way releted to occupetion of deceased?	
20. FILED Sept 30, 194 Charles J. Goly m. D.	(Signed) Wroon acting Con	6
Registrar.	(Address) It cars de legto a	2

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PURPAR V. S.	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE	OF	MARYLAND—CERTIFICATE OF DEATH	09258
EATH		COMPRESENTATION (8)	

1. PLACE OF DEATH	PORATO INITE
County Harland	Registration Dist. No. 185
Village or City Augure de Krac	el was betale
Village of City 17 ages con too	(If death occurred in a horpital or institution, give its NAME instend of street and number)
Length of residence In city or John, where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Still born	- alidge Infant
(a) Residence: No. (Usual place of abod	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	ARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, V OR DIVORCED (write	
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, Thet I ettended deceased from
1	16 10 , 1924, to Jeft 11, 1934
6. DATE OF BIRTH (month, day, and year)	34 I fest sawh eliwe on
	LESS then to have occurred on the date stated above, et 2 Am.
	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were es follows:
8 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	()7000
work wes done, es SILK MILL, SAW MILL, BANK, etc	July Join
yeer) occupetion_	
12. BIRTHPLACE (city or town) lavel de Grace	Other Contributory Canses of Importance:
(Stete or country) Marceland.	
13. NAME Yselling all alrice	al
14. BIRTHPLACE (city or town) William	
14. BIRTHPLACE (city or town)	Neme of operation
	Whet test confirmed diegnosis? Wes there en autopsy?
16. BIRTHPLACE (city or town) Pleston	23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following:
9 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19,
2 (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT. Margaret Kussell (Address) El Mon. Md -	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Plece angel Hill Dete Sept 16	B, 1934 Neture of Injury
Part	
19. UNDERTAKER (Address)	24. Wes disease or injury In env way releted to occupation of decessed?
(Address) Active de Grace	If so, specify
20. FILED 2/13 , 19 34 Hamle Of for	(Signed) M. D
	Registrar. (Address) + thurse fly sector back

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. A.

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Example II

Example I

Run over by street car Peritonitis	1 week ago 3 days ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

production and the second seco

V. S. No. 1 N. B.—V

1. PLACE OF DEATH	CERTIFICATE OF DEATH 09259
County Harland	73.2)
	Registration Dist. No.
Village or City flavel de Grace (If	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Melinda Un	drews
(a) Residence: No. Harrede State (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Limite White	21. DATE OF DEATH Sufet. 20 193 4
5a. If merried, widowed, or divorced	(Month) (Day) (Yeer)
(or) WIFE of Pasley andrew	22. 1 HEREBY CERTIFY. Thet attended deceased from
6. DATE-OF BIRTH (month, dey, and yeer) ach 13/862	Clast saw here elive on Select. 20, 19 & 4 deeth is seid
E AGE 7 . Years Months Deys If LESS than	to have occurred on the dete steted above, at 5 the fram.
7 1 1 7 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8 Trade profession or particular	were es follows:
kind of work done, es SPINNER, Journe Wese	Chyones Musaultes
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceesed last worked at this occupation (month end).	- Land to the transfer than the second
SAW MILL, BANK, etc	
o this occupation (month and 19034) spent in this 40%	
11 bene	Dther Contributory Causes of importence:
12. BIRTHPLACE (city or town) // (Stete or country)	
I DOMESTIC DE	
4. BIRTHPLACE (city or town) 12212	Neme of operation Dete of
	Whet test confirmed diegnosis? Wes there en eutopsy?
H 1	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
6 P. () . 1 . 1-	Where did injury occur? (Specify city or town, county and State)
17. INFORMANTO (Address) Land State Gran Mid.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Managed International
Plece lingel Hill Dete Dept 23 1934	Menner of injury
19. UNDERTAKER T. Madison Mitchell	Nature of injury
(Address) Faire de Grace Md.	: If so, specify
20. FILED Sept 23, 1934 Chas J. Foley Ph. S.	(Signed) M.D. (Address) A Caste Sa Strate May
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example 1		is ample 11	
The principal cause o of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCT 5 1934	July 5,1927	Peritonitis	3 days ago
	QUREAU V. S.			
Other contributory ca	uses of importance:	4	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	THE PROPERTY OF THE PROPERTY O	TOTTOTT	TOTAL	T A ATE	2	7	DILLIDIA	5)	
z	N. B.—WRITE PLAINLY, WINT UNFADING INK-THIS IS A PERMANENT RECORD.	UNFADI	NG INI	X-TH	SI	S A P	ERMAN	ENT	RECOR	D.
	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSIC	supplied.	AGE sl	plnor	be s	tated	EXAC	TLY.	PHY	SIC
(-	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact-state	in terms, so	that it	may	be I	roperl	y classifi	ed. I	Exact	tat
1	TION is very important. See instructions on back of certificate.	see instruct	ions on	back	of ce	ertifical	te.			/

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	260
1. PLACE OF DEATH		948	
County Hafford	<u> </u>	Registration Dist. No. 184	
Village or City Cordi	ff.	NoSt.,	Ward
Length of residence in city or town where death of		death occurred in a hospital or institution, give its NAME instead of street and no death of the long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Tor	k & Be	Palle	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and S	
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	дасс
3. SEX 4. COLOR OR RACE 5. S. S. White 2	R DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 4 (Year)
Sa. If married, widowed, or divorced HUSBAND of OT any Be	etter.	22. I HEREBY CERTIFY, that I attended d	eceased from
6. DATE OF BIRTH (month, day, and year)	18 1875	I last fix hem alive on light 185 1939:	death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
8 Trade profession or particular	2 ormin.	were as follows:	Pate of preset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Colonary promoses	Lyst 6.34
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at	mer.		
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town)	ord Co	Other Contributary Causes of importance:	
	(+77)		
13. NAME (Mark and Carlotte of Lorentz) 14. BIRTHPLACE (city or town) (State or country)	Russin	Name of operation — — — — — — — — — — — — — — — — — — —	Copey?
15. MAIDEN NAME Grance	Beatle	23. If death was due to external causes (VIOLENGE) fill In also the following:	7,
15. MAIDEN NAME Control 16. BIRTHPLACE (city or town) Boll (State or country)	to Co	Accident, suicide, or homicide? Date of Injury	, 19
17. INFORMANT Mrs Lois (Address)	Dallamy lift md	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	DE.
18. BURIAL, CREMATION OR REMOVAL Place Albatu France Da	. Sept 28,19 34	Manner of injury	
19. UNDERTAKER Nulvert S. (Address)	Harkins	24. Was disease or injury in any way related to occupation of deceased? No If so, specify and the same and th	7
20. FILED Defel 27/1934 16.	AMC Mable-Registrar.	(Signed) Artificial (Address) Artificial (Address)	M. D.
If more blanks	are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Egiberii V. S.			. 2
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			12.1742

1. PLACE OF DEATH

Village or City

anford

Length of residence in city or town where death occurred.

ż

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. EDLOR OR RACE OR DO ORCED (write the word)	21. DATE OF DEATH (Month) (Day) , 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	I HEREBY CERTIFY, That I attended deceased 193 k, to 193 k, to 193 k, death i
7. AGE Years Months Deys 11 LESS than 1 day,hrs ormin.	to have occurred on the date steted ebue, atm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	acute cles-coltis 9/4
work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceesed lest worked at this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME Farron Birroh 14. BIRTHPLACE (city or town) Con (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Maggie Pints Nelso 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Harrison Bringle (Address)	23. Il death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specily whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Survey Oate Surte/2, 1935	Manner of injury
19. UNOERTAKER Bally (Address) Davington md	24. Was disease or injury In any wey related to occupation of deceased?
20, FILEO Sufat 12, 1934) (E Buchandreno Registrar.	(Signed) Willard P. Hillson (Address) Louse Hill and

STATE OF MARYLAND-CERTIFICATE OF DEATH

Registration Dist. No.

_ds. How long in U.S. i1 of foreign birth?_____yrs.____mos.____ds.

Ward

No. St.,
(If death occurred in a hospital or institution, give its NAME instead of street and number)

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Cercbral hemorrhage	July 5,1927	Peritonitis S'A NYEANS	3 days ago
		7851 g 138	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Sugaration (A.	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09262
1. PLACE OF DEATH	
County Arrigan	Registration Dist. No. 18
Village or City 12 Mah Tuvar	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrs
2. FULL NAME Chapman of the	en canc
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word).	21. DATE OF DEATH Springer 15, 193 (Year)
5a. If marriad, widowed, or divorced HUSBAND of Hannie Moore Ornich	22. I HEREBY CERTIFY. That i attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct 5, 1864	i last saw h. M. alive on Mart 19 19 death is said
7. AGE Yaars Months Deys If LESS than	to have occurred on the data stated above, at 2.50 m.
69 // /5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, work Eugeneer SAWYER, BOOKKEPER, atc.	
9 Industry or business in which	my ocosauce Chronic
work wes dona, as SILK MILL, Cellris SAW MILL, BANK, etc.	Duration Two years. But of
- Il oponitin this ///	
Ob usestown	Othar Coutributory Causes of Importanca:
12. BfRTHPLACE (city or town). (State or country)	
13. NAME Um haunuse Claric	
13. NAME OF TABLEFULLE CLOSES 14. BIRTHPLACE (city or town) Which the second of the s	Name of operation Date of
(Stata of country)	Whet test confirmed diagnosis?
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Manuelon (State or country)	23. If daath was due to external causes (VIOLENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) Mauriton	Accidant, suicide, or homicida? Date of injury, 19
(State or country)	Whara did injury occur? (Specify city or town, county and State)
17. INFORMANT ARE CONTROLLED TO CONTROLLED T	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Splantia Senety Date Seger 16, 1934	Nature of injury.
19. UNDERTAKER Sterry Jarring Sons	24. Wes disease or injury in eny wey raleted to occupation of decaased?
20. FILE Seht 15 17 4 Hickary	(Signad) Pyron May 10.0.
Registrar.	(Addrass) , , ,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUREAU V. S.	11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

N. B.—WRITE PLAINLY, WIT

OCCUPA-

Exact statement

STATE OF MARYLAND	CERTIFICATE OF DEATH 09263
1. PLACE OF DEATH	
County Harford	Registration Dist. No. 180
Village or City abungalin	No St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S.If of foreign birth?yrsmosds.
2. FULL NAME WEST ALL	gas
(a) Residence: No. (Usual place of abode)	St., Ward. If unnresident give gity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male Colored OR DIVORCED (write the goord)	eleptember 23, 1934
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from
C DATE OF DIRTH (month day and may 4 - 10 A 3	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year)	I last saw h; death is said
7. AGE 3/ Years 4 Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at 2.20 P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade profession or portionles	were as follows:
8. Trade, profession, or particular kird of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decease in which work was done, as SILK mill, SAW mill, BANK, etc. 11. Total time (years) this occupation (mosth and spent in this company).	Ristornobile accident
Industry or business in which	and fracture compound
work was done, as SILK MILL, SAW MILL, BANK, etc	Milley Jaka
10. Date deceased last worked at this occupation (month and year) 44.34	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
(State or country)	***************************************
II 13. NAME I homas Degas	
13. NAME J homas Horas	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy? 720
15. MAIDEN NAME Pla Hammed 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Ascident Date of injury Sept 3519 34
∑ (State or country)	Where did injury occur? Naixa Branch Phila Pd
17. INFORMANT Thomas Degas	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 1217 Chatham 6	Public Nighway
18. BURIAL, CREMATION, OR REMOVAL CO. Va-CL 4-17	Manner of injury Bulo mobile accident
Place Date 27,19 34	Nature of Injury todally fracture or Burns
19. UNDERTAKER MAR. R. a. Elliott	24. Was disease or Injury in any way related to occupation of deceased?
(Address) 1129 n. Caroline st	If so, specify
20. FILED Sept 251934 Fred Morlok	(Signed) Fred Morlof (Coroner) M.D.
Zocal Registrar.	(Address) abingdon Md.

(Address) Cabingdon Md. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

B

17. INFORMANT (Address) 18. BURIAL, CREMATION, OR

19. UNDERTAKE

20. FILED ...

(Address)

should state OCCUPA.

	Registration Dist. No
2. FULL NAME (a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (prite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cornel of Corne	22. I HEREBY CERTIFY. That I attended deceased from Sept. 14. 1933. to Sept. 24. 1934. I last saw her aliwe on Sept. 24. 1924; death is said to have occurred on the date stated above, at 12. m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of one of the state of the state of the said to have occurred on the date stated above, at 12. m. Date of one of the state of the said to have occurred on the date stated above, at 12. m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Chronic reposition Direction: 11 years.
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME OZON WOONS 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?

Accident, suicide, or homicide?... (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

> Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?_

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requested U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over 1 If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employ d may be returned as at school or at home. For a woman whose only occupation was that of home housework, write a usewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	ì		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were as	f death and related causes follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy 'S	A OVENING I	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	31 9 190	3 days ago
		ED	HECEIN	-
Other contributory causes of importance:		Other contributory ca	uses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

DDIWONAL CDACE BOD BUDGUED OF A BEAUTING DAY BATTER.

ADDITIONAL	SPACE FOR FU	KINEK SIZII	2041221115 151 1 11	ISICIAN	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 09265
1. PLACE OF DEATH	(210·m)
County Harfard.	Registration Dist. No. 185
Village or City Davie de Gruce 2	Conspital St. Ward
Length of residence in pitry or hown where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?
2. FULL NAME Callad Mari	tia Lusor.
(a) Residence: No. Muslumgton (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Harry 1 news &	22. HEREBY CERTIFY, hat i attended deceased from
(321 00 /2 1911	17, 19 / to 1937
6. DATE OF BIRTH (month, day, and year) Murch 30 - 17 11. 7. AGE Years Months Days If LESS than	I last saw have alive on alive on 19193 Totath is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
23 - 0 · 13. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	fraction Pass of Skull
SAWYER, BODKKEEPER, etc.	Fracture Dorofel Vertebrus
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Confround Comminuters
SAW MILL, BANK, etc. 11. Total time (years)	Fakuturial Reght Ferries
and appearant furnition and	with aure lacustion
year) occupation	Other Contributary Causes of importance of Farmer
12. BIRTHPLACE (city or town)	
(State or country)	Hock & Howarhage
13. NAME Clian Copyright 14. BIRTHPLACE (city or town)	
4. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. if death was due to external causes (VIDLENCE) fill In also the following:
6 16. BIRTHPLACE (city of town)	Accident, suicide, or homicide accident Date of injury 9/14 19 34
(State or country)	Where did injury occur? Harre de Bus Ma. E. S.
Hayaa ha g	(Specify city or town county and State)
17. INFDRMANT (Address) (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	(d + t - slile - i - i - i - i - i - i - i - i - i -
Place Washington Oste Sept 1934	Manner of injury a dare:
1001:1-11	Nature of injury (s arase :
19. UNDERTAKER CONTROL OF STARLES MAN	24. Was disease or Injury in any way related to occupation of deceased?
had we as Blood For and	(Signed) 1900000 Octus Con
20. FILED SIGN T, 1934 Marles J. Sally & S. Registrar.	(Address) Staves de Groce
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrits	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory traces of importance: Gallstones			
Other contributory traces of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The state of the s			

	Y, WITCUN	MARGIN RESERVED FOR BI	-WRITE PLAINLY, WIT UNFADING INK-THIS IS A PER	mation should be carefully supplied. AGE should be stated E	CAUSE OF DEATH in plain terms, so that it may be properly of
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 09266
1. PLACE OF DEATH	(3)
County Harford	Registration Dist. No. 183
Village or City Jarkettevelle Mi	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
1 H 2/01	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME flamette 7. Gros	
(a) Residence: Nd./ (Usual place of abode)	M. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Servale 4. COLOR OR RACE S. SINGLE, MARRIFD, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 25 , 193 (Year) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Gross	22. I HEREBY CERTIFY, That I attended deceased from Sept 2 , 1934, to 25 , 1934
6. DATE OF BIRTH (month, day, and year) Oct. 27, 1852	Hast saw her alive on light 25 , 1934; death is said
7. AGE 8 1 Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEPER, etc.	Chrome Naghorles
kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Buchs Co. Pa. (State or country)	Other Contributory Causes of importance:
W 13. NAME Solomon Wetherall	
13. NAME Solomon Wetherell 14. BIRTHPLACE (city or town). Pa	Name of operation Rosse Date of
(State of country)	What test confirmed diagnosis? Union what test confirmed diagnosis? Union what test confirmed diagnosis?
15. MAIDEN NAME Jane Johnson	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME (and Johnson) 16. BIRTHPLACE (city or town). (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mrs. W. J. Spencer, (Address)	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Place Parthel Cere. Date Sept 27, 19.34	Manner of injury
19. UNDERTAKER & G. Kurty & Son (Addiess) Jarrettatville m.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Sept 27, 19.34 Thomas R Brown Registrar.	(Signed) H. F. Bradley M.D. (Ardress) garretterle Med
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	ephritis [1921	Run over by street car	1 week ago
Cerebral hemorrhage	OGT 6 1934	July 5,1927	Peritonitis	3 days ago
	BUNGAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gostroenteritis	1 year
				1

iten	she	Jo	
B.—WRITE PLAINLY, W. I UNFADING INK-THIS IS A PERMANENT RECORD. Every item	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	itement	
CORD	SAH	ct sta	/
r REC	Y. I	Exa	/
NEN	CTL	ified.	
SRMA	XA	class	ď,
A PE	ted E	perly	TION is very important. See instructions on back of certificate.
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TH	q p	y b	k o
K	houl	ma	bac
Z	B	at it	on
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ND	ddns	ter	e in
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(35)
County Harford SITNIN CORPORA	Registration Dist. No. 185
Village or City Hafere de Grace	No. Hadbutal St., Ward f death occurred in a hoppital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrs	
2. FULL NAME Planche Neudri	ekson
(a) Residence: No. Werdew Md (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND OF MORE TO MERCELSON	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) Feb 17-1896	I last sew It. E. alive on July 2 19.34; deelh is said
7. AGE Years Months Days If LESS than	to heve occurred on the dete stated above, at 23 P.m.
38 7 4 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	and Condian
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked et this occupation (month and daw) 11. Total time (years)	dilatilian
10. Date decessed last worked et this occupation (month and 1934) 11. Total time (years) spent in this year) 12. 34	The bilateral sulpengities was probably.
1.	Other Contribotory Causes of importance:
(State ar country) West Jurgnus	B. Toleral to purit
13. NAME Judson Sheftons	A A
13. NAME ALBON ALLAND 14. BIRTHPLACE (city or town) (Stete or country)	Name of operation A fee allowy Dete of 11-3
	What test confirmed diegnosis? Was there an autopsy? My.
15. MAIDEN NAME Cuth Goodall 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Mr. W= G. Hendrichson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL , Stark Center	Menner of injury
Place Morelland Memous Date Sys. 26 , 1934	Neture of injury
19. UNDERTAKER Deven Janua Sons (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED St. b. 24 1934 Klarles J. Jaly 2 8.	(Signed) M. D.
Registrar.	(Address) Havn & Frace 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must sta	TO	be complete,	1115	occupation	return	must	state:
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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation 11.—The number of years the deceased followed the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilensu 1 week ago Chronic interstitial nephritis 1921 Run over bu street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ano Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Example I		Example II	
The principal cause of death and related car of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SHIPPATI V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09289
1. PLACE OF DEATH	100
County Callebrances	Harbord Registration Dist. No. 180
Village or City ? reelen MC	No. St., Ward
Length of residence In city town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsdosds.
2. FULL NAME Cles Hen	un free
(a) Residence: No.	Mcd., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (waite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed or divosed HUSBAND of	22. HEREBY CERTIFY. Thet attended decessed from
(or) WIFE of parma temper	June 1 1934 to Dept 11 1934
6. DATE OF BIRTH (month, day, and year) Teleb 9, 1862	1 last/sew h_2 alive on Ahh 11 , 197 4; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, let 8:30 m.
7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were an follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	Chines Dulaster Wellist
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (most) and	
10. Date deceasad last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Baets "Cs	Other Contributory Causes of importance:
(State or country)	
13. NAME LUCLEUM	4
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Data of What tast confirmed diagnosis? Was there an autonsy?
15. MAIDEN NAME Welecom -	
15. MAIDEN NAME CLEECON 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill/in also the following: Accident, suicide, or homicide? Dete of injury, 19
17. INFORMANT Leve W. Lyw. (Address)	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Pla Borely Balts Codate Sept 16, 19 34	Manner of Injury
19. UNDERTAKER Mrs. Sphos &, Barley (Address) 14 2 1 Self runs	Nature of injury 24. Was disease or Injury in any way elated to occupation of deceasad?
20. FILED 9/13 1934 Hary Indusor	(Signed) M. D. (Address) 2-329 General 2
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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- 9.—The industry or business in which the work was done.
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Example I	Example II	
The principal cause of death and related causes Date of onset of importance were as follows:	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	Run over by street car	1 week ago
Cerebral hemorrhage Typo 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance. Gallstones May 1,1923	Other contributory causes of importance:	1 year
ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN	

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

B

County Harford	(210-m)	
/	Registration Dist. No. 185	
/ Village or City Havre de Grace	No. Havre de Grace 11 ospital. death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where death occurredyrsmos.		
2. FULL NAME Oliver La Rue		
(a) Residence: No. Port D posit Md (Usual place of abode)	St., Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Nale Colored . S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 Sept, 1934 (Month) (Day)	, 193 (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended	deceased from
I wight south	, to, to	, 19
6. DATE OF BIRTH (month, day, and year) Feb. 22, 1887	I last saw h alive on, 19,	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
47. 6 11 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BODKKEPER, etc.		
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked et this occuration (month-and	Frankers Burn of	
SAW MILL, BANK, etc	Alexella V	
10. Date deceased last worked et this occupation (month and 93 spent in this spent in this occupation (month)	Quiter Crawnel	
12. BIRTHPLACE (city or town) Jan has Copy	Other Contributory Causes of importance:	
(State or country)		
13. NAME Clasar Ja Rue		
14. BIRTHPLACE (city or town) Larl Lellagy (State or country)	Name of operation Date of	
(State of Country)	What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME Williams 16. BIRTHPLACE (city or town) Work of Charles or country)	23. If death was due to external causes (VIOLENCE) fill in also the following	:
16. BIRTHPLACE (city or town) Wordall	Accident, suicide, or homicide? a.c.c.ident. Date of injury9/	2.,19.34
State or country)	Where did injury occur? Public Road Cecil C	0
17. INFORMANT Larl. Jan. Cul. (Address) Part De Poart, Md.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLA	e)
18. BURIAL, CREMATION, DR REMOVAL	Amtomobile A	
Place Nound Joan Date Sept 5, 1934	Manner of injury Automobile Accident Nature of injury Fractical Skull	
19. UNDERTAKER LEGGL. SELLETTERS (Address)	24. Was diseese or injury in any way related to occupation of deceased?	
	(Signed) Billoors age C	W TIME
20. FILED Lapt. 4, 1934 Charles J. Jaly B. X. Registrar.	(Address) Aux Clife	1

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy A AVANA	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis - LO	3 days ago
	BECEINED	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy A AVIIII 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—	CERTIFICATE OF DEATH (19272
1. PLACE OF DEATH	
County Merrag	Registration Dist. No. 180
Village or City Person	No. St., Ward
Length of residence in city of town where deeth occurred 15 yrs	death occurred in a horpital or institution, give its NAME instead of street and number) dsHow long in U.S. if of foreign birth?
2. FULL NAME / between May	asks
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. JEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH Supply (Day) (Year)
5a. If married, widowed or diversed HUSBAND of (or) WIFE of The state of the state	22. CHEREBY CERTIFY. That Lattended deceased from 1930 to Aught 7 1984
6. DATE OF BIRTH (month, day, and year) 21 - 1879	I last saw h & alive on Suft 7, 1984; death is said
7. AGE Yeers Months Oeys If LESS than	to have occurred on the date stated above, et 19,55 Pm.
55 1 17 1day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. Housewife SAWYER, BOOKKEEPER, etc.	
SAWYER, BOOKKEEPER, etc.	Chronal Kunorhage Out-30
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10. Date deceased last worked at this occupetion (month and year)	[
12. BIRTHPLACE (city or town) Wary Dewot	Other Contributory Causes of importence:
1 10	
14. BIRTHPLACE (city or town) - Ware lawel	Name of operation Oete of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME WILLY Baffer	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIOEN NAME WWW Baffer 16. BIRTHPLACE (city or town) - E	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Moreland Memoral Sept 10 34	Manner of injury
19. UNDERTAKER Howard K. McComes, (Address) Abingdon, Md.	24. Was disease or Injury II any way releted to occupation of deceesed?
20. FILED Sept 10., 1934 Fred Morlok.	(Signed) Welly Will Z M. D. (Address) Lag Euro Da Mys
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Example I	*	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	ry item of infor-	NS should state	nt of OCCUPA-	
•	T RECORD. Eve	Y. PHYSICIA	Exact stateme	(
SINDING	ERMANEN	EXACTL	classified.	
FOR I	SISAP	stated	properly	
MARGIN RESERVED FOR BINDING	IG INK-THIS	AGE should be	that it may be	
MARGIN	UNFADIN	supplied.	ain terms, so	
V. S. No. 1	N. BWRITE PLAINLY, W UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
>	Z		1	1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(93-6)
County Fir bul Ew	Registration Dist. No. 182
Village or City Hersford Cao Home	NoSt.,Ward
V V	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Valleam Germing	ton
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DIVORCED (swrite the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I ettended deceased from
1.8 1854	Tlast saw have alive on auf 224 ,193 ×; death is sald
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were as follows: Date of onset
SAWYER, BOOKKEEPER, etc.	10:
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	pecolitics)
SAW MILL, BANK, etc	·
this occupation (month end spent in this occupation year)	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
E	Name of a sealth
(State or country)	Name of operation Date of What test confirmed diagnosis? ADM Was there an aulopsy? ADM
15. MAIDEN NAME Viraliana	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury 19
Stete or country) Mulumoury	Where did injury occur?
17. INFORMANT Clark July patrich (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place County Home Date Self 4, 19.30	Nature of Injury
10 HADESTAVED Dea V Faste	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER (Address) Rel Cin Mn (1)	If so, specify
on suspendent of the Winging & Chamberry	(Signed) Willard & Ludan M.D.
20. FILED HERT: 4-, 19 (Mgma O hamaers) Registrar.	(Address) Thest Gell mil
If more blanks are needed, address State Revistrar.	2411 N. Charles Street Baltimore Requesting T. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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íi	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of cpilepsy VEGI 9 100	1 week ago
1921	Run aver by street ear	1 week ago
July 5,1927	Peritanitis. Q3AI3J5G	3 days aga
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of cpilepsy 1921 Run wer by street or July 5, 1927 Peritanitis. Other contributory causes of importance:

mation &

LION

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones SUREAU V. S.	May 1,1923	Gastroenteritis	1 year

of OCCUPA.

1. PLACE OF DEATH	181)
County Harford WITHIN CORPORATION	Registration Dist. No. 185
Village or City Akrel & From (1)	No. Have de Frax Hesteld St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidenca in city or town where death occurredyrsmos	How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jarrett . Senry Pres	ton
(a) Residence: No.) Assistant Mag (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIYORCED (waste the word)	21. DATE OF DEATH 2/2 , 193 4 (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	(100)
(or) WiFE of	1 HEREBY CERTIFY, Thet i attended deceased from
700	1954 10 1 1954
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Yeers Months Days if LESS then	to have occurred on the date stated above, et
1/2 1/ Q f day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
Trada, profassion, or particular	were as follows:
o kind of work dona, as SPINNER, Day Labour	Calina God Burnes
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceesed last worked at this occupation (month and	with Aluka Jin
10. Date decessed last worked at this occupation (year) 11. Total tima (years) spent in this 2 9 7 2 occupation occupation	
12. BIRTHPLACE (city or town) Angled Con (State or country)	Other Coutributery Causes of Importance:
1 2	JAN CR
I 11-11-11-11-11-11-11-11-11-11-11-11-11-	7410 1
(State or country)	Neme of operation
15. MAIDEN NAME Abouthi Balance	What test confirmed diegnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) And True (State or country)	23. If daeth wes due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
State or country)	Where did Injury occur? It where I want ground
17. INFORMANT Mr. Der. 92 Preston	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
f8. BURIAL, CREMATION, OR REMOVAL	124 + Dond Bear fr
Place Union M. Z. Church Date Dath 24, 19-34	Nature of injury
19. UNDERTAKER Henry Janing Stone	24. Wes diseesa or injury in eny wey ralated to occupation of deceesed?
(Addrass) Jahladech Tred	if so, specify
20. FILED Sept 24, 1994 Charles Saley A D. Registrar.	(Signed) Hun D. M.D. (Addrass) Hun D. May Q.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstiliat nephrilis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ogo Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Harford	Registration Dist. No. 183
Village or City White Hall,	molNo. St., Ward
Length of residence in city or town where death occurred / -yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth?
2. FULL NAME Margaut C. Ri	chardson
(a) Residence: No. White Itall	Zudst. Ward.
(Usual place of abode)	if nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE	D. 21. DATE OF DEATH
Finale white OR DIVORED (write the wor	
5a. If married, widowed, or diseased HUSBAND of (or) WIFE of	22. I WEREBY CERTIFY That bettended deceased from
6. DATE OF BIRTH (month, day, and yeer) Nov 14, 1861	17 19 3 4, to 2 19 3 death is said
7. AGE Years Months Deys If LESS th	
72 10 8 or mis	
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	Chromic, nepheriles
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked at this occupation (month and	
10. Date decessed last worked at this occupation (month and yeer)	
12. BIRTHPLACE (city or town) Journale (State or country) Hanford Co. ml	Other Contributory Canses of importance: Other Contributory Canses of i
13. NAME John Rayne Mc Change	
14. BIRTHPLACE (city or town) remarkles (Stete or country) Hours of Co. Ind.	Name of operation Dete of Whet test confirmed diegnosis flurand Simplewas There an autopsy?
	23. If death was due to exteroel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Chald Steelon 16. BIRTHPLACE (city or town) horselle (Stete or country) Starped Co. hel	Accident, suicide, or homicide?
17. INFORMANT Miss Margaret Releation (Address) Will Hall. Indi	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Joursey and Dete Supply 1, 19.	Manner of injury Nature of injury
19. UNDERTAKER Marklus for (Address) Will Hall had	24. Wes disease or injury in eny way related to occupation of deceesed?
20, FILED Left 24, 1934 Thomas P. Brow.	(Signes) rayed 778 Figur M. D.
Registr	ar. (Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

1. PLACE OF DEATH	BU BEATH (192:1
County Harbard PROPERTY	Registration Dist. No. 185
Village or City I Yujure de Frace	No. Nasketal St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in V.S. if of foreign birth?
2. FULL NAME Charles St. Ci	m.
(a) Residence: No. Serresman Mar	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Moy(th) (Day) (Yaar)
5a. If marriad, widowad, or divorcad HUSBAND of	
(at) WHE of Delia Reguery	22. I HEREBY CERTIFY. That I attanded decaasad from 29 1934 be bet 1 1934
6. DATE OF BIRTH (month, day, and year) Mucking 1857	I last saw h
7. AGE Years Months Days If LESS than	to hava occurrad on the data statad above, atm.
alt 77 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance ware as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER,	RD DO DO
Nind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date daceased last worked at this occupation (month and this occupation (month and the second in this occupation).	Amonic aurical
work was done, as SILK MILL, SAW MILL, BANK, atc	Makriti
10. Date daceased last worked at this occupation (month and year) spent in this occupation	0
/	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Mark of the state
	The state of the s
13. NAME (LL KLOGG) 14. BIRTHPLACE (city or town)	Name of assetting
14. BIRTHPLACE (city or town) (Stata or country)	Name of operation
15. MAIDEN NAME rukuow.	23. If daath was due to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Dete of injury19
(Stata or country) William.	Whera did injury occur?
17 INFORMANT Have de Grage Hospitel.	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Addrass) Have seek to ale me	, , , , , , , , , , , , , , , , , , , ,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Musow Lun Du Date Lafet, 00, 1934,	Natura of injury
19. UNDERTAKER Lemistongson	24. Was disaase or injury in any way ralated to occupation of dacaased?
(Addrass) Havede Alfrace, rud,	If so, spacify
20. FILED Sept 10, 1934 Charles & Goley M.	(Signad) TA Helling M. D. (Addrass) Hand Supplies
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(210.0)
County Hartrid	Registration Dist. No. / 8
Village or City Main Cherdien	No. St., Ward
الكري المستحدد المستح	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in any or town where death occurredyrsmos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Xehn Chitter	
(a) Residence: No. 200 M. Rose	St., Ward.
(Usual place of abode)	, If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH
10000 June Musmon	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
2 1 1857	I last sew h alive on
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 2 Pm.
7 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER LL al cl. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this pocupation (month and spent in this spent in	Purchim of nels were
Industry or business in which	L'hennohan 1333
work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spant in this	7 7 7
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	2430
(State or country) Julie 1911	1867.6
13. NAME Who Schreefer	y per
14. BIRTH/LACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an eu'opsy?
15. MAIDEN NAME Mary Linhard 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
E (State or country)	Where did injury obelit Phille Ross / Will Dapith
17. INFORMANT Frank Johning	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injustanto mobile asserved
Place 13 afte: 6 Mg Date / Lpv 24, 1934	Nature of injuraceline of freght luces -
19. UNDERTAKER Lie M. Frit Str	24. Was disease or injury in any way related to occupation of deceased?
(Address) 81/ V M OFF	If so, specify
20. FILED 17 1934 Solution Registrar.	(Address) (Address)
	2227 N. Charles Street Relieves Properties II S. No.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			,	

V. S. No. 1

of OCCUPA.

	1. PLACE OF			F MAR	RYLAND—	CERTIFICATE OF D	EATH 09279
1	County	Har	ford.			(210-F)	tion Dist. No. 180
	Village or Ci	ty Ab	ingdon,	Md		No.	St Ward
	Length of resid	lence in ci	ty or town where d	eath occurred	(1i yrsmos	death occurred in a hospital or institution, give its No	AME instead of street and number)
	2. FULL NAM	ИЕ	Oliver \				
	(a) Residence	e: No	Chur	chville (Usualplace	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	St., Ward.	sident give city or town and State
_			D STATISTI	CAL PART	ICULARS	MEDICAL CERTIFIC	ATE OF DEATH
3.	male		or RACE	5. SINGLE, MAI	RRIED, WIDOWED.	21. DATE OF DEATH	lett, (Day) 23, 1934- (Year)
56	HUSBAND of (or) WIFE of	ad, or divo	rced	uner		22. I HEREBY CERT	IFY, That I ettended deceased from
6.	DATE OF BIRTH (r		т.	an.31	1903	I last saw h alive on	, 19, death is seid
7.	AGE Year 31	3	Months 8	Days 23	If LESS than I day,hrs.	to have occurred on the date stated above, et 2, The PRINCIPAL CAUSE OF DEATH and related were as follows:	20 P m. causes of importance
LION	8. Trade, profess kind of wo SAWYER,	ork done.	rticular as SPINNER, PER, etc	Labore		automobile acci	Date of onset
CUPA	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and				Compound bodil	y fracture	
000	10. Date deceased this occupyear)	ation (mor	ked at oth and	spe spe	time (years) ent in this cupation	and fund	
12	2. BIRTHPLACE (city (State or count		Chur	chville	e,Md.	Other Contributory Causes of importance:	
ER	13. NAME	Joer	oh H. Sm	ith,			
FATHER	14. BIRTHPLACE (wn) Mar	yland,		Name of operation	
IER	15. MAIOEN NAM	E	Emma O	sborne	,	What test confirmed diagnosis?23. If death was due to externat couses (VIOL ENC	
MOTHER	16. BIRTHPLACE (wn) Chur	chvill	e,Md.	Accident, suicide, or homicide? Accident	to Date of injury & plas, 19 34
17	17. INFORMANT Bel Air, Md. R. D.				Specify whether injury occurred in INDUSTRY, i	ty or town, county and State) in HOME, or in PUBLIC PLACE.	
18	B. BURIAL, CREMATIC Place	on, or R	EMOVAL ,	Date Sep	t.25 34	Manner of injury . Leston les	ture - Joseph
19). UNDERTAKER (Address)	Hov Ab:	vard K.N	IcComas	,	24. Was disease or injury in any way releted to o	
20	FILED Sept.	25.,1	934 Fre	d mo	rloh	(Signed) Fred class	mitoh Coroner

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employce," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		d3413034	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE PLAINLY, WI

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PHYSICIANS should state statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9320 09280
County Harford	Registration Dist. No. 18
Village or City Emmorton	NOSt.,Ward f death occurred in a hospital or inslitution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?mosds
2. FULL NAME Margaret Bell Stu	mp.
(a) Residence: No. Firmorton, md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH, 25 193 4 (Month) (Oay) (Year)
HUSBANO of (or) WIFE of Bertram N. Stump	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct. 28, 1863	I last saw her alive on Rept 2 3 1934; death is said
7. AGE Years Months Oays If LESS than I day,hrs.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
8 Trade profession or particular	acute myo enditio
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at this occupation (month and the constitution) of the constitution of the	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Baltimore (State or country) many land	Other Contributory Causes of importance:
13. NAME ROCKINSO BOOR	
13. NAME Clerander Bell 14. BIRTHPLACE (city or town) Serickshire	Name of operation Oate of
(Stata of country) A content	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Magaset Boyd 16. BIRTHPLACE (city or town) Baltim be (Stata or country)	23. If death was dua to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT John B. Stumpa.	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St. Marys Come Oate Sept 27., 1934.	Manner of injury
19. UNDERTAKER Howard K. McComas, (Address) Abingdon, Md.	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED Sept 26, 1924 Fred Moloke Registrar.	(Signed) (Address) Bel and M. I
76 11 1 11 11 0 -	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09281
1. PLACE OF DEATH	
County Aurtoria	Registration Dist. No. 183
Village or City 1 Bock Med A. F.D.	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Mini al	ds. How long in U.S. If of foralgn birth?yrsmosds,
2. FULL NAME / fulliam & Watter	4
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Defend OR DIVORCED (write the word)	Sept 26 193 4
5a. If merried, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of Clla Matters	22. I HEREBY CERTIFY, That I attended daceased from July 28 1934, to seed 25 1934
6. DATE OF BIRTH (month, day, and year) War 3 -1883	Flast saw France alive on 2017 25 1934 death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3
67 4 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:
8 Trade profession or particular	Carenoma of spine secondary Cont here
kind of work done, as SPINNER, farmer SAWYER, BOOKKEEPER, atc. farmer	A State of the sta
kind of work done, as SPINNER AWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Primary cancer of liver, metastaxis to
	spine a Douration : two years - Crugy
O 10. Date deceased last worked at this occupation (month end year) year)	
11.111	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
	hone
E Ny my Vigor	
Y 14. BIRTHPL/CE (city or town) (Stata or country)	Name of operation
E 15. MAIDEN NAME / 11.	What tast confirmed diagnosis?
= July	23. If daath was due to external causes (VIOLENCE) fill in also tha following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide?
17. INFORMANT MO. Mable Little	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Rocks Fred	PERSONAL INJURY OCCURRED IN INCOME, OF INFORCE PEACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Dendon Hell sen Date July 30, 1934	Nature of injury
19. UNDERTAKER Server January House	24. Was disaase or injury in any way releted to occupation of deceesed?
20. FILED Lept 30, 1934 Thomas of Brown Registrar.	(Signed) H. T. Bradley M.D. (Address) Danettevelle & Ald
	1411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
TAECEIVED				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
· Autoritation and Control of the Co				

OCCUPATION

FATHER

MOTHER

19. UNDERTAKER

(Address)

18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baldmore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis VEOL 9 190	3 days ago	
		BECEINED		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH		
1. PLACE OF DEATH			
County Harful	Registration Dist. No. / 8		
Village or City Mean Sherden	No. St., Ward		
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?		
2. FULL NAME BEN. WILLIAMS			
(a) Residence: No. Stevence	St Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE NIGHE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That i attended deceased from		
70 1 1020	, 19, to, 19,		
6. DATE OF BIRTH (month, day, and year) / http://www. 1824.7. AGE Years Months Days If LESS than	I last saw h alive on, 19; death is said		
1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance		
ormin.	were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Beads at Repaire Caronery Harfords Con		
9. Industry or business in which	moly three miles Brown Alex Leener		
work was done, as SILK MILL, SAW MILL, BANK, etc	Culio		
10. Date deceased last worked at this occupation (month and year)	337.		
7 - 1	Other Contributory Causes of Importance:		
12. BIRTHPLACE (city or town) (State or country)	Interpretations -		
13. NAME	to adental vacion : fell,		
14. BIRTHPLACE (city or town) Unknown	from bridgers Saptember 28th , 1934		
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:		
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Accident Date of injury & 26, 19.34		
17. INFORMANT No De James Commen (Address)	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Country Street Pote Mark 2, 1934	Manner of injury School		
19. UNDERTAKER Sensy January Jams (Address)	24. Was disease or injury in any way related to occupation of deceased?		
20. FILED Col 7, 19 7 Collection Registrar.	(Signed) W. W. Carrison Granes D. (Address) Webselem mrsk?		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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